



## Open Enrollment Deadlines

If you have not made your Open Enrollment changes, you have until midnight of **September 10, 2009**, to make them **online** through **Member Online Services**. After this date, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed. Any **paper** forms postmarked after August 31, 2009, will not be accepted. If you do **not** need to make any changes, please do not submit a form to PEEHIP. **Exception:** If you want to enroll or renew your Flexible Spending Account(s), Federal Poverty Level Premium Discount, or PEEHIP CHIP, you must re-enroll each year as these programs do not automatically renew.

The deadline for enrolling or re-enrolling in a Health Care or Dependent Care **Flexible Spending Account** is **September 30, 2009**, for both the online system and paper form.

A Flex account can save you money because pre-tax payroll deductions are set aside to pay for eligible expenses. This money reduces your taxable income, providing you and your family more value for your dollar. Visit our Flexible Spending Accounts web page at <http://www.rsa-al.gov/PEEHIP/flex.html> to learn more about PEEHIP's Flex program. ■

## Update Your Mailing Address

It is imperative for PEEHIP to have **correct mailing addresses** on all active and retired members. When PEEHIP sends mail to a member's old address, the mail is returned to PEEHIP with a returned fee charged. This is costly for PEEHIP in terms of money and human resources needed to process returned mail. This is also costly to the member in terms of the member not receiving mail that is important to them.

A member can easily notify PEEHIP **online** of a change in address by using the Member Online Services to update their address. For members who do not have Internet access, an ADDRESS CHANGE NOTIFICATION can be mailed or faxed if the member contacts RSA Member Services at 877-517-0020. ■

## The Weight Watchers At Work Program is Coming to an End Effective **September 30, 2009**

The Program will be accepting applications until **September 15, 2009**. You must begin your session by **September 30, 2009**. To be eligible for the discount rate, you must have a BMI of 25 or more and be an active or retired PEEHIP member. It takes fifteen participants to begin a class at your worksite. Vouchers are available to attend local meetings. Funds are limited and applications will be processed in the order they are received. Once the funds are exhausted, no more applications will be approved. Your cost will be \$85 and PEEHIP pays the balance of \$90.

If in area codes 205 or 256, call Cindy Dyer; if in area codes 334 or 251, call Jonathan Edwards.

**Cindy Dyer:** 800-252-1818 or 334-206-5613 or [cynthiadyer@adph.state.al.us](mailto:cynthiadyer@adph.state.al.us)

**Jonathan Edwards:** 800-252-1818 or 334-206-5605 or [jonathanedwards@adph.state.al.us](mailto:jonathanedwards@adph.state.al.us)

Additional information and applications are available at [www.adph.org/worksitewellness](http://www.adph.org/worksitewellness). ■

## Second Surgical Opinion...Do I Need One?

If your doctor says you need surgery to diagnose or treat a health problem that is not an emergency, you may want to consider getting a second surgical opinion. It is up to you to decide when and if you will have surgery. Getting a second opinion can help you make a more informed decision about your care.

Second surgical opinions are services provided to a patient to:

- ◆ Confirm a diagnosis.
- ◆ Assist in a decision about a surgical procedure.
- ◆ Obtain additional information or explanation regarding a medical condition.

PEEHIP provides benefits for second surgical opinions. A second surgical opinion rendered by an in-network (PPO) provider is covered at 100% of the allowance with no deductible or copayment. A second surgical opinion rendered by an out-of-network (non-PPO) provider is covered at 80% of the allowance subject to the calendar year deductible.

Always remember it is your right to seek a second surgical opinion before committing to surgery or another treatment plan. Embarrassment or fear of disapproval from your primary physician should not be a barrier to getting a second opinion. A competent physician will not consider

the decision to seek a second opinion an insult to their ability or experience. Instead, they will consider you an informed individual who is proactive and responsible for their own health care.

Some questions to ask a physician when seeking a second surgical opinion may include:

- ◆ Are there other options available besides surgery?
- ◆ What are the risks and benefits of each treatment option?
- ◆ What kind of success rate is associated with surgery and other potential therapies?
- ◆ If surgery is chosen, how soon must it be done?
- ◆ How is the surgery performed?
- ◆ Is surgery a permanent, long-term, or temporary solution to my condition?
- ◆ What type of aftercare and recovery time is required once the surgery is complete?
- ◆ How much pain is to be expected postoperatively and how is it typically treated?

Second surgical opinions that agree with your primary physician's conclusions may help ease your mind and provide a clearer picture of the necessary course of treatment or surgery. ■

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## Ex-Spouses are Ineligible Dependents

**Ex-spouses** are **not** eligible dependents for PEEHIP coverage even if a member continues to pay for family coverage. The ex-spouse must be deleted from coverage effective the first day of the month following the date of the divorce. It is the member's responsibility to notify PEEHIP in a **timely** manner of a change in marital status from married to divorced. Members should also provide PEEHIP with a copy of the first and last page of the divorce decree with the signature of the judge and date of the divorce.

**If PEEHIP is not notified in a timely manner, adverse consequences could result:**

- ◆ Claims could erroneously be filed for the ex-spouse under the member's PEEHIP coverage. If this occurs, these claims will be recalled and the member and their ex-spouse are responsible for all claims erroneously incurred by the ex-spouse.
- ◆ The time period allowed for the ex-spouse to elect coverage under COBRA may elapse and the ex-spouse would miss out on this opportunity to continue PEEHIP coverage under COBRA. To elect coverage under COBRA, the member or ex-spouse must notify PEEHIP within 60 days from the date the ex-spouse is no longer eligible for coverage as a dependent.

A member can easily notify PEEHIP **online** of a change in marital status by using the Member Online Services to update their marital status. For members who do not have Internet access, a **HEALTH INSURANCE AND STATUS CHANGE** form must be completed and mailed to PEEHIP. This form can be obtained if the member contacts RSA Member Services at 877-517-0020. ■

## Southland National is Going Paperless!

To help you and the environment, Southland National is going paperless effective **October 1, 2009**. If you are enrolled in any of the Optional Coverage Plans, i.e. Cancer, Dental, Indemnity and/or Vision, your Explanation of Benefits statements (EOBs) will be delivered electronically and available for viewing online. Paper EOBs will continue to be mailed with claim reimbursement checks. Your EOB is a report that provides you with useful information about how Southland has processed claims received from providers rendering your care. It allows you to monitor deductibles, coinsurance, plan limits, and out-of-pocket maximums.

To retrieve and view your EOBs online, simply do the following:

- ◆ Log on to the website at [www.southlandnationalpeehip.com](http://www.southlandnationalpeehip.com)
- ◆ Click on View Your Account Online
- ◆ Select Subscribe, if a first-time user
- ◆ Enter your Personal User ID and Password
- ◆ Select Claim Inquiry
- ◆ Find the appropriate claim, and select View EOB

While the paperless option is automatic, you can receive a paper copy of your EOB if you prefer. You will need to request a paper copy via any of the following methods:

- ◆ **Online Portal:** Simply log in using your User ID and Password and click the link electing paper EOBs.
- ◆ **Email:** Email your request to one of Southland's Customer Service Representatives at [knelson@southlandbenefit.com](mailto:knelson@southlandbenefit.com).
- ◆ **Phone:** Call Customer Service directly at 800-476-0677 or **Fax** your request to 205-343-1239.

With paperless EOBs, you have **convenience** and **security**, plus **save time** and **help the environment!** ■

## Did you let more than 130 days lapse between refills of your medication?

You may have experienced a problem with getting your prescription medication filled at your local retail participating pharmacy if the following occurred:

- ◆ You did not have a claim processed for your medication within the **prior 130 days**, and
- ◆ Your medication is one that is part of PEEHIP's **Step Therapy Program**.

A lapse of greater than 130 days will cause your medication to revert back to a “**new**” prescription status making it subject to the **Step Therapy Program requirements**. Prior to the lapse you were “grandfathered in” from these requirements. Please know that your medication is not grandfathered for life and you can lose this status. Step Therapy applies when starting on a medication for the first time and if restarting on the medication after a lapse of more than 130 days.

The two most common reasons for a lapse of greater than 130 days between refills are as follows:

- ◆ **Drug Samples:** You used drug samples from your doctor which extended the time period between processed claims. This occurs most frequently for those who take an approved “maintenance” drug which allows a 90-day supply with each processed claim.
- ◆ **Patient Noncompliance:** You were not taking your medication per the directions on the prescription label. You should not stop taking your medication or change the way you take your medication without talking to your doctor. If your doctor changes your prescription, have your doctor write a new prescription for the pharmacist with the updated information. ■





## Did you retire on or after October 1, 2005?

If you did, you are required to complete the RETIREE EMPLOYMENT VERIFICATION form. **Failure to complete and submit this form to PEEHIP in a timely manner will result in a cancelation of your PEEHIP insurance coverage.**

Act 2004-649 requires members who retire after September 30, 2005, to take other employer health insurance as their primary medical coverage if the following four conditions are met:

- ◆ You retired after September 30, 2005,
- ◆ You become employed by another employer,
- ◆ Your other employer provides at least 50% of the cost of single health insurance coverage, and
- ◆ You are eligible to receive the other employer group health insurance coverage.

PEEHIP mails a letter along with the RETIREE EMPLOYMENT VERIFICATION form to the retiree **one month after he or she retires** requesting that the form be completed and submitted to PEEHIP. If the form is not received by PEEHIP by the time specified in the letter, a **Final Notice** is mailed to the retiree. If the retiree fails to timely submit the form after Final Notice is given, PEEHIP cancels the retiree's PEEHIP coverage.

If you do not become employed after retirement, simply mark "Not Employed" on the form. If you do become employed after retirement and if all four conditions are met, you must indicate this on the form. Pursuant to law, if these conditions are met your PEEHIP hospital medical coverage must be cancelled as your primary coverage and you must enroll in the health plan through your new employer. Failure by a retiree to enroll in the other employer's group health plan under the terms of the Act will result in the termination of coverage in PEEHIP and claims will be recalled back to the date the retiree was eligible for the other employer's group health plan.

Please be advised that a member may enroll in the PEEHIP Supplemental Plan as secondary coverage at no cost to the member within 30 days of eligibility for other group health insurance coverage if the member is not Medicare eligible. A member must request to enroll in the PEEHIP Supplemental Plan as enrollment is not automatic upon cancellation of the PEEHIP Hospital Medical coverage.

PEEHIP has found that some of the noncompliance issues stem from the following:

- ◆ Retiree does not read the letter upon receiving it
- ◆ Retiree erroneously thinks they do not need to submit the form because they are not employed
- ◆ Retiree erroneously thinks they completed the form when they were completing all of their other forms for retirement
- ◆ Retiree signs and submits the form to PEEHIP but does not properly complete the form

In the event you subsequently become unemployed and lose your other group insurance, you can enroll in the PEEHIP Family Hospital Medical Plan outside of the Open Enrollment period but you must enroll within **45 days** of the loss of coverage. You will need to notify PEEHIP by completing the [Health Insurance and Optional Enrollment Application](#) and also complete the "Retiree Other Employer Information" section of the form to indicate you are no longer employed. Include documentation from the employer in which coverage was lost showing the termination date as well as the date the insurance coverage ended.

Conversely, if you previously answered "Not employed" on the employment questions and have since gone back to work, it is your responsibility to notify PEEHIP of your change in employment status by using the aforementioned form. Failure to timely provide the correct information to PEEHIP will result in termination of coverage and claims recalled back to the date the retiree was eligible for other coverage.

### Public Education Employees' Health Insurance Plan

201 South Union Street  
P.O. Box 302150  
Montgomery, Alabama 36130-2150  
877.517.0020, 334.517.7000 phone  
877.517.0021, 334.517.7001 fax  
[peehipinfo@rsa-al.gov](mailto:peehipinfo@rsa-al.gov)  
[www.rsa-al.gov/PEEHIP/peehip.html](http://www.rsa-al.gov/PEEHIP/peehip.html)

